

PREMIER

1 1 1 T T T T T T T T T T T T T T T T T	Madison WI 53708-8946 RESORT AREA							
TAX RETURN (PRA-012) SSN or FEIN								
Complete form using BLACK IN								
Tax Account Number (020 XXXXXXXXXX XX)	Period Begin Date (MM DD YYYY)	Period End Date (MM DD YYYY)	Due Date (MM DD YYYY)					

 Check if this is an AMENDED return
 Check if name/address change (Note changes on the back of the form)
 Check if business discontinued (Note changes on the back of the form)

For periods beginning on or after 01-01-2017

	Tax Calculation		
BAYFIELD	1a	x .005 = 1b	
EAGLE RIVER	2a	x .005 = 2b	
RHINELANDER	3a	x .005 = 3b	
STOCKHOLM	4a		
LAKE DELTON	5a	x .0125 = 5b	
WISCONSIN DELLS	6a	x .0125 = 6b	
7 Total premier resort to	ax (add lines 1b - 6b)	7	
8 Retailer's discount (se	ee instructions)	8	
9 Net premier resort tax	(subtract line 8 from line 7)	9	
10 Interest and penalty			
11 TOTAL DUE (add line	s 9 and 10)	11	
Contact Name (please print)	Signature		Phone ()

Mail return and remittance to:

Premier Resort Tax Processing Wisconsin Department of Revenue PO Box 8946 Madison WI 53708-8946

Phone: (608) 266-2776

Email: DORBusinessTax@wisconsin.gov

Website: revenue.wi.gov



FOR DEPARTMENT USE ONLY

Taxpayer Information Changes

Resort Area (check appropriate boxes)		Bayfield	Eagle River	Lake Delton	ake Delton
	_	_ Rhinelander	Stockholm	Wisconsin Dells	
Business Discontinued Date:	MM DD	YYYY			
Please indicate reason for disc	continuation:				
Deceased	Merger with		Partner added		
Formed LLC	Business	did not materialize		Partner dropped	
Incorporated	No taxabl	e activity		Sold to	
Other (please explain)					
Name Change					
New Legal Name					
New Business Name					
Mailing Address Change	•				
Street Address or PO Box					
City			State	Zip code	
Business Location Char	ige				
Street Address					
City			State	Zip code	